



Congressman Leonard Lance

7<sup>th</sup> District, New Jersey

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04-03-13A07:30 RCVD

From:

☐ Congressman Leonard Lance

☐ (b) (6)

☒

☐ (b) (6)

☐

☐ Other \_\_\_\_\_

Date:

4-2

Fax #:

703-614-7089

To:

(b) (6)

Number of pages including cover page: 3-

April 2, 2012

Dear (b) (6):

We spoke the other day and you were kind enough to instruct me to fax you (b) (6) information as soon as I received his Privacy Form.

Please note that (b) (6) is adamant about the certificate that he wants.

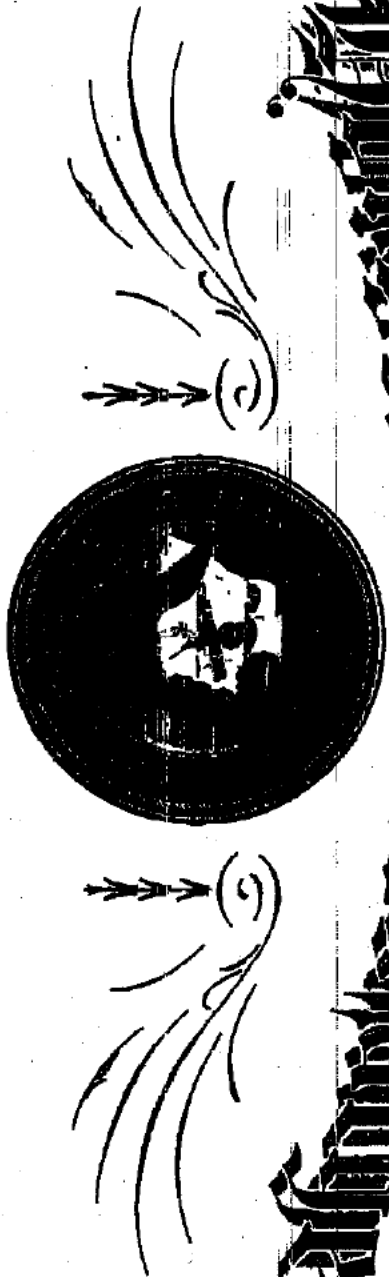
The certificate is for decorative purposes. It should not have his Social Security printed on it.

He wants the one with the Eagles on it not the graphic that is on the one that is enclosed that contains his Social Security number.

In advance, thank you for any help that you can provide to help me, help (b) (6)

(b) (6)

# Unconditional Discharge



from the Armed Forces of the United States of America

*This is hereby that*

(b) (6)

*was Honorably Discharged from the*

## United States Navy

*on the 20<sup>th</sup>*

*day of NOVEMBER 1973*

*This certificate is awarded*

*as a token of respect and tribute for service*

(b) (6)

MANAGER, REFERENCE CORE/HRLP, NRC

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA		SELECTIVE SERVICE DATA		TRANSFER OR DISCHARGE DATA		SERVICE DATA	
1. LAST NAME - FIRST NAME - MIDDLE NAME (b) (6)		2. SERVICE NUMBER (b) (6)		3. SOCIAL SECURITY NUMBER (b) (6)		4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY USN	
5. GRADE, RATE OR RANK SA		6. DATE OF RANK E-2		7. DATE OF BIRTH (b) (6)		8. DATE OF ENTRY DAY MONTH YEAR 12 FEB 68	
9. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PLACE OF BIRTH (City and State or Country) (b) (6)		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 5, PASSAIC, NEW JERSEY		12. DATE INDUCTED DAY MONTH YEAR NA	
13. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY		14. STATION OR INSTALLATION AT WHICH EFFECTED TPU, ADCOM, NTC, GLAKES, ILLINOIS		15. EFFECTIVE DATE DAY MONTH YEAR 31 OCT 69		16. TYPE OF CERTIFICATE ISSUED (SEE REMARKS)	
17. REASON AND AUTHORITY NAVOP 37/69 & REDUCTION IN AUTHORIZED STRENGTH.		18. CHARACTER OF SERVICE HONORABLE		19. REENTRY CODE RE-1		20. DATE OF ENTRY DAY MONTH YEAR 02 21 NOV 67	
21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVADCOM, GLAKES, ILLINOIS		22. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVANT TRANSFERRED CO. NAVAL MANPOWER CENTER, BATHURIDGE, MARYLAND		23. TERM OF SERVICE (Years) 02		24. DATE OF ENTRY DAY MONTH YEAR 02 21 NOV 67	
25. TERMINAL DATE OF RESERVE/UNRESERVE OBLIGATION DAY MONTH YEAR 20 NOV 73		26. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (From Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		27. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) NEWARK, NEW JERSEY		28. STATEMENT OF SERVICE YEARS MONTHS DAYS (1) KEY SERVICE THIS PERIOD 01 11 11 (2) OTHER SERVICE 00 00 00 (3) TOTAL (Line (1) plus Line (2)) 01 11 11 TOTAL ACTIVE SERVICE 01 11 11 FOREIGN AND/OR SEA SERVICE 00 00 00	
29. PRIOR REGULAR ENLISTMENTS NONE		30. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SA		31. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Name, RFD, City, County, State and ZIP Code) (b) (6)		32. SPECIALTY NUMBER & TYPE O.C.T. NUMBER 313 CHIEF/COOKS	
33. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL		34. EDUCATION AND TRAINING COMPLETED SN		35. NON-PAY PERIODS/TIME LOST (Preceding Two Years) TL: NONE EALV		36. DAYS ACCUMULATED LEAVE PAID SEVENTEEN (17)	
37. INSURANCE IN FORCE (MILITARY OR CIVILIAN) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. AMOUNT OF ALIOTMENT NA		39. MONTH ALIOTMENT DISCONTINUED NA		40. VA CLAIM NUMBER C	
41. REMARKS HIGH SCHOOL -02- ITEM 13b CONT'D: NO DISCHARGE CERTIFICATE ISSUED AT TIME OF SEPARATION.		42. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED (b) (6)		43. SIGNATURE OF OFFICER (b) (6)		44. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Name, RFD, City, County, State and ZIP Code) (b) (6)	
45. AUTHENTICATION PERS OFF BY DIR OF OICG		46. AUTHENTICATION ARMED FORCES OF THE UNITED STATES		47. AUTHENTICATION 2		48. AUTHENTICATION 2	